

CHAPTER 8  
SECTION 7

## APPLICATION OF DEDUCTIBLE AND COST-SHARING

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### 1.0. DEERS CATASTROPHIC CAP AND DEDUCTIBLE DATA (CCDD)

For non-network TRICARE claims, cost-share and deductible amounts shall be applied toward the catastrophic cap as the claims are processed for each fiscal year. For TRICARE Prime and TRICARE Extra claims, all beneficiary cost-shares and deductibles specified in the contract shall be applied toward the cap, including nominal copayments for outpatient care. The amount applied toward the cap on the current claim and the family's cumulative total must be reflected on the EOB, except on complete denials. For complete denials the contractor does not query catastrophic cap and deductible files and is not required to send "cap met" information on the denial notice. The beneficiary must provide the EOBs to the contractor for credit to be given for fiscal years not maintained on CCDD. The contractor must determine which services are creditable toward the catastrophic cap by reference to the TRICARE Reimbursement Manual, [Chapter 2, Section 2](#). When requested by the beneficiary in writing, the current contractor shall verify the amounts paid with the other contractor, and include the total toward the catastrophic cap. For purposes of catastrophic loss protection, a TRICARE claim must be submitted along with an EOB from other health insurance for the beneficiary to receive credit for any amount paid by other health insurance, even if the OHI paid the bill in total. Once the contractor determines that the maximum individual/family liability is met for the fiscal year, cost-shares and deductibles will no longer apply, and the TRICARE-determined allowable amount shall be paid in full for all covered services and supplies under the Basic Program through the end of that fiscal year. If an adjustment changes whether the cap is met or not, all subsequent claims on history must be adjusted to apply or waive cost-shares. Normal double coverage rules remain in effect after the cap has been reached; the beneficiary must submit a claim to his other health insurance before submitting a claim to the contractor.

### 2.0. CLAIM ORDER FOR APPLYING DEDUCTIBLE

The outpatient deductible amounts shall be applied as the claims are processed. When claims are adjusted, the contractor shall apply the deductible based upon the date the claim was initially processed, not the date the claim was subsequently adjusted. See the TRICARE Reimbursement Manual, [Chapter 2, Section 1](#).

### 3.0. DEDUCTIBLE DOCUMENTATION

Contractors shall furnish a deductible certificate or show the status of the deductible on the EOB except on complete denials. For complete denials the contractor does not query any internal or external catastrophic cap and deductible files and is not required to send deductible information or catastrophic cap information on the denial notice. For services in fiscal years included in CCDD, obtain the amount met toward the deductible from the CCDD. When a claim is adjusted, the contractor shall query CCDD and apply deductible and cap as

directed by the CCD query response. Do not review any intervening claims processed between the initial claim and the adjustment for the purpose of adjusting deductible or cap amounts. For services in prior years, the beneficiary is responsible for attaching documentation of the deductible taken by other contractors. The contractor shall determine from their deductible record, and/or EOB from other contractors submitted by the beneficiary, the amount the contractor has to assess toward the deductible on the current claim. When a beneficiary subsequently documents an excess deductible, the claim shall be adjusted by the contractor that took the excess, based on the order in which claims were processed.

#### **4.0. AUDIT TRAIL AND HISTORY FILE**

The contractor shall ensure that the history file accurately reflects all transactions pertaining to care received, cost-shares, deductible, copayments, and adjustments. The contractor shall maintain the integrity of the audit trail and protect the confidentiality and integrity of the files.

#### **5.0. ADJUSTMENTS AND RECOUPMENTS**

If the contractor is required to recoup a benefit payment any deductible amount applied to the claim to be recouped must be adjusted on the CCD to reflect that amount as an outstanding deductible. Any other credited deductible amount resulting from an individual claim adjustment will be offset from future claims received for the beneficiary. The government has determined that it is not cost effective to collect any outstanding deductible amounts at the close of the timely filing period.